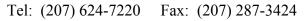
## MAINE DEPT OF PUBLIC SAFETY

## STATE OF MAINE Liquor Licensing & Inspection Division

164 State House Station Augusta ME 04333-0164





## SUPPLEMENTARY QUESTIONNAIRE FOR CLUB APPLICANTS

	date and telephone number of each			
Title	Name	Birth Date	Telephone	
3. Date Club was inc	orporated:			
4. Purpose of Club:	( ) Social ( ) Recreational (	) Patriotic ( ) Fraternal		
5. Date regular meeti	ngs are held:			
6. Date of election of	Club Officers:			
7. Date elected office	ers are installed:			
8. Total Membership: Annual Dues:		es: Payab	Payable When:	
9. Does the Club cate	er to the public or to groups of non-	members on the premises? Yes	s □ No □	
10. Excluding salaries liquors? Yes	s, will any person, other than the C No $\Box$	lub, receive any of the financial	profits from the sales of	
11. If a manager or st	eward is employed, complete the fo	ollowing:		
Name:	Date of Birth:			
	in blue ink			
Signature &	Title of Club Officer	_	Date	
Signature &	The of Ciae Cilicol		Dute	
Print Name &	Title of Club Officer	_		